U.S. Department of Labor Office of Labor-Management Standards Washington, DC-20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



3. Name and address of person filing.

1. File Number U

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

2004 Through: 12/

4. Name, file number, and address of labor organization.

Name KENNETH E NICKELS	Name NATIONAL POSTAL MAIL HANDLERS
	Labor Organization File Number 64-545 UNION
P.O. Box, Bldg., Room No., if any Suite 500	P.O. Box, Building and Room Number, if any SUITE SOO
Street [10 CONNECTICUT AVE, N.W.	Street 1101 CONNECTICUTANE, NOW
City WASAING-TON	City WASPINGTON
State DC ZIP Code + 4 20036	State 20036
5. Position in labor organization. EXECUTIVE DIRECTO	CITHE MAIL HANDLERS BENEFIT PLAN
Enter appropriate data below If, during the past fiscal year, you or your spot (except as specified in the exclu	ise or minor child directly or indirectly had any of the following interests slons set forth in the instructions):
A. Held an interest in, engaged in transactions (including loans) with, or o	
monetary value from an employer whose employees your organization	on represents or is actively seeking to represent.
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name and address of Employer (including trade name, if any).	
6. Name and address of Employer (including trade name, if any). Name	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any:	
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6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	7.a. Nature of Interest, Transaction, or Income.
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Telephone Number

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name FIRST HEALTH Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 3200 HIGHLAND AVE City DOWNERS GRONE State I ZIP Code +4 60515	a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Ame, if any:	FIRST HEACTH ADMIN UNION-SPONSORED HE	
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P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar value of such dealing.	OVER 2 BILLION
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State ZIP Code + 4	the late 22 lall	
	3/20 - 23/04 ATTENDED Z DINNERS, AMONI SO - 70 TOTAL	TUNTAGNA, EST.
	ATTENDED & DINNERS, AMOUN	
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	ATTENDED 2 DINNERS APPOINT SO - 76 TETAL 12.b. Amount. F parts A and B above) or other thing of value.	
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Trade Name, if any:	a. Labor Organization b. Trust	
P.O. Box, Bldg., Room No., if any	c. Employer	
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City DOWNERS GROVE		
State ZIP Code + 4 60515		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
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City	12.a. Nature of interest held or income received.	
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	ATTENDED 1 LUNCH MEETING	
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8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name FIRST HEALTH		
Trade Name, if any:	a. Labor Organization b. Trust	
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Street 3200 HIGHLAND AVE	c. Employer	
City POWNERS ERONE		
State ZIP Code + 4 605/5		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	FIRST HEALTH ADM	INISTERS THE
Trade Name, if any:	UNION-SPONSORED	<i>дел</i> ет д того
P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar value of such dea	aling. OVER 2 BICUON
City	12.a. Nature of interest held or income	
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	FROM AIRPORT, AMT. UNK,	EST25-3\$
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C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.	
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Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		av e

B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or incidealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business tively seeking to represent, or adirectly to, or otherwise	
8. Name and address of Business (including trade name, if any). Name COVENTRY HEACH CARE Trade Name, if any: P.O. Box, Bldg., Room No., if any Street GOT ROCK LEDGE DRIVE City BETHER DA State MD ZIP Code + 4 20817-1850	9. Business deals with: a. Labor Organization b. Trust c. Employer	TO THE PROPERTY OF THE PROPERT
10. If 9.b. or 9.c. is checked give trust or employer's name. Name //	11.a. Nature of such dealing. COVENTRY HEALTH CARE MERGED WITH FIRST HEALTH IN JANUARY 2005, FIRST AEALTH AD MINISTERS THE UNION—SPONSORED HEALTH PLAN 11.b. Approximate dollar value of such dealing OVER SILLION AS 12.a. Nature of interest held or income received. FIRST HEACH LUNCH MEETING— OCTOBER 2004 ATTENDED 1 LUNCH MEETING AMOUNT UNICHOUN, EST: 25-35	
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C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money		
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Street		
City ZIP Code + 4		Feministra
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name FIRST HEALTH	5700	
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City	12.a. Nature of interest held or income received.	<u> </u>
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